



STUDENT ENROLLMENT INFORMATION

Please complete this form for each student you are enrolling at Belle Creek Charter School

Student's Legal Name – *from Birth Certificate or Legal Name Change Document*

Last _____ First _____ Middle _____

Nickname: _____ Current Grade _____ Gender: M F

Birth Date: ____/____/____ Country of Birth: _____ Primary Contact Phone # _____
 Month Day Year

Ethnicity: choose one:

- Hispanic/Latino A person of Cuban, Mexican, Puerto Rican, South, or Central American, or other Spanish culture or origin, regardless of race
 Not Hispanic/Latino

AND

Race: choose one or more:

- American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or
 Other Pacific Islander
 White

American Indian or Alaskan Native – A person having origins in any of the original peoples of North or South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition
Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
Black - A person having origins in any of the black racial groups of Africa
Native Hawaiian or Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

ENROLLMENT HISTORY

Has your child ever attended any other District 27J school or a Brighton Charter School? Yes No
 If yes, name of school(s) attended _____ Which Year(s) _____

Last School Attended: _____ City _____ State _____ Zip _____ From _____ to _____

This student has continuously attended a public school in the USA since _____ (mm/dd/yy)
 (Enter today's date if student has never attended in the USA or the most recent entry date if the student left the USA at any time)

This student has continuously attended a public school in Colorado since _____ (mm/dd/yy)
 (Enter today's date if student has never attended in Colorado or the most recent entry date if the student left Colorado at any time)

ADDITIONAL INFORMATION

Do you grant permission to release video, audio and /or still photographs of this student to media groups? Yes No

Is this student on a current or pending expulsion? Yes No If yes, from what school/district? _____
 Reason for Expulsion _____ Dates of Expulsion: From _____ To _____

The McKinney-Vento Act provides additional services to students living in transitional/temporary housing. Please answer the following:

Where is this student presently living? Check one box:

- In a shelter With friends or family members (not with parent/guardian)
 Doubled up with another family in a house or apartment In a car, park, or campsite
 In a hotel/motel None of the above (in permanent housing)

Parent / Guardian Signature _____

Date _____

I am the parent/legal guardian of this student and I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to testify.



FAMILY ADDRESS AND INFORMATION FORM – One address form per family

Family Residence Address _____ Apt/Unit _____

City _____ State _____ Zip _____ School District: _____

Primary Contact Phone Number _____ Home Language _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

All legal guardian/parents must be listed. If rights have been altered or terminated, a copy of said court document must be furnished to the school before the change may be made.

PARENT/GUARDIAN 1 – Living at the Above Address (Please use Legal Names)

Last Name _____ First Name _____ Middle Name _____

Gender M F Date of Birth (mm/dd/yy) ____/____/____ Email Address _____

Other Phone _____ Work Phone _____ Cell Phone _____

PARENT/GUARDIAN 2 – Living at the Above Address (Please Use Legal Names)

Last Name _____ First Name _____ Middle Name _____

Gender M F Date of Birth (mm/dd/yy) ____/____/____ Email Address _____

Other Phone _____ Work Phone _____ Cell Phone _____

ADDITIONAL PARENT/GUARDIAN 3 - (Please use Legal Names)

Last Name _____ First Name _____ Middle Name _____

Gender M F Date of Birth (mm/dd/yy) ____/____/____ Email Address _____

Other Phone _____ Work Phone _____ Cell Phone _____

Residence Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

(If different)

Legal Parent/Guardian of Student Name(s) _____

Shared Custody with Parent/Guardian 1 or 2? Yes No School Mailings: Yes No

ADDITIONAL PARENT/GUARDIAN 4 - (Please use Legal Names)

Last Name _____ First Name _____ Middle Name _____

Gender M F Date of Birth (mm/dd/yy) ____/____/____ Email Address _____

Other Phone _____ Work Phone _____ Cell Phone _____

Residence Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

(If different)

Legal Parent/Guardian of Student Name(s) _____

Shared Custody with Parent/Guardian 1 or 2? Yes No School Mailings: Yes No



SCHOOL AGE CHILDREN LIVING AT THE FAMILY RESIDENCE

CHILD 1

Last Name _____ First Name _____ Middle Name _____

Gender M F Date of Birth (mm/dd/yy) ____/____/____ Name of School Attending _____

Parent/Guardian 1 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

Parent/Guardian 2 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

Parent/Guardian 3 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

Parent/Guardian 4 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

CHILD 2

Last Name _____ First Name _____ Middle Name _____

Gender M F Date of Birth (mm/dd/yy) ____/____/____ Name of School Attending _____

Parent/Guardian 1 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

Parent/Guardian 2 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

Parent/Guardian 3 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

Parent/Guardian 4 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

CHILD 3

Last Name _____ First Name _____ Middle Name _____

Gender M F Date of Birth (mm/dd/yy) ____/____/____ Name of School Attending _____

Parent/Guardian 1 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

Parent/Guardian 2 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

Parent/Guardian 3 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

Parent/Guardian 4 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

CHILD 4

Last Name _____ First Name _____ Middle Name _____

Gender M F Date of Birth (mm/dd/yy) ____/____/____ Name of School Attending _____

Parent/Guardian 1 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

Parent/Guardian 2 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

Parent/Guardian 3 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

Parent/Guardian 4 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent



SCHOOL AGE CHILDREN LIVING AT THE FAMILY RESIDENCE continued

CHILD 5

Last Name _____ First Name _____ Middle Name _____

Gender M F Date of Birth (mm/dd/yy) ____/____/____ Name of School Attending _____

Parent/Guardian 1 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

Parent/Guardian 2 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

Parent/Guardian 3 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

Parent/Guardian 4 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

CHILD 6

Last Name _____ First Name _____ Middle Name _____

Gender M F Date of Birth (mm/dd/yy) ____/____/____ Name of School Attending _____

Parent/Guardian 1 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

Parent/Guardian 2 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

Parent/Guardian 3 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

Parent/Guardian 4 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

CHILD 7

Last Name _____ First Name _____ Middle Name _____

Gender M F Date of Birth (mm/dd/yy) ____/____/____ Name of School Attending _____

Parent/Guardian 1 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

Parent/Guardian 2 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

Parent/Guardian 3 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

Parent/Guardian 4 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

CHILD 8

Last Name _____ First Name _____ Middle Name _____

Gender M F Date of Birth (mm/dd/yy) ____/____/____ Name of School Attending _____

Parent/Guardian 1 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

Parent/Guardian 2 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

Parent/Guardian 3 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent

Parent/Guardian 4 is: Father Mother Step-Father Step-Mother Guardian Foster-Father Foster-Mother Grandparent



EMERGENCY CONTACTS

Emergency Contacts are those people to whom we may release these students in the event of an illness or injury if the parent/guardian can not be reached. **DO NOT enter the names of any previously listed Parent/Guardian in the following spaces.**

CONTACT 1

Last Name _____ First Name _____ Middle Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Relationship: Friend Grandparent Other Relative Sibling Child Care Provider

CONTACT 2

Last Name _____ First Name _____ Middle Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Relationship: Friend Grandparent Other Relative Sibling Child Care Provider

CONTACT 3

Last Name _____ First Name _____ Middle Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Relationship: Friend Grandparent Other Relative Sibling Child Care Provider

Parent/Guardian Signature _____ Date _____

I affirm and declare, under penalty of perjury of the laws of this state, that the information provided above is true, complete and correct.



LAST SCHOOL ATTENDEND

School: _____

Grade(s): _____ From (Date): _____ To: (Date) _____

Address: _____

City: _____ State: _____ Zip: _____

Type of School: (Please select only one)

- Private/Parochial Public Online Charter Home schooling

Past Academic Achievement High Average Low

Areas of Academic Strength: _____

Areas of Academic Weakness: _____

Has Your Student Ever Been Retained? No Yes – If yes, what grade level? _____

Behavior At School No school problems exhibited Has been referred to the office
 Has had continuing behavior referrals Out of School Suspension(s)

Special Services: *My student is currently receiving or has received services in the following areas:*

- Gifted and Talented Education
- English Language Learner Bilingual Education
- English Language Learner ESL Education
- Special Education Services
- Learning Disabilities Emotional Disabilities Developmental Disabilities
- Speech and Language Services ADHD or ADD
- 504 Plan
- Individual Literacy Plan
- Health Care Plan (for severe health needs)
- Title I Reading
- Title I Math
- Counseling Services



HEALTH INFORMATION

Student's Name _____ Birth Date _____

Health Care Provider _____ Provider's Phone Number _____

HEALTH CONCERNS

Parents/Guardians are responsible for providing full details on any significant or on-going medical condition noted to the school nurse

<p>Please check any existing health conditions and explain below.</p> <table border="0"> <tr> <td><input type="checkbox"/> Allergies</td> <td><input type="checkbox"/> Heart</td> </tr> <tr> <td><input type="checkbox"/> Asthma</td> <td><input type="checkbox"/> Speech Concerns</td> </tr> <tr> <td><input type="checkbox"/> Attention Deficit Disorder</td> <td><input type="checkbox"/> Seizures</td> </tr> <tr> <td><input type="checkbox"/> Bowel/ Bladder</td> <td><input type="checkbox"/> Frequent Infection</td> </tr> <tr> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Bone Joint Disease</td> </tr> <tr> <td><input type="checkbox"/> Migraines</td> <td><input type="checkbox"/> Headaches</td> </tr> <tr> <td><input type="checkbox"/> Emotional/Behavioral</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> _____ _____	<input type="checkbox"/> Allergies	<input type="checkbox"/> Heart	<input type="checkbox"/> Asthma	<input type="checkbox"/> Speech Concerns	<input type="checkbox"/> Attention Deficit Disorder	<input type="checkbox"/> Seizures	<input type="checkbox"/> Bowel/ Bladder	<input type="checkbox"/> Frequent Infection	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Bone Joint Disease	<input type="checkbox"/> Migraines	<input type="checkbox"/> Headaches	<input type="checkbox"/> Emotional/Behavioral	<input type="checkbox"/> Other _____	<p>Does your child have:</p> <table border="0"> <tr> <td><input type="checkbox"/> Glasses or Contacts</td> </tr> <tr> <td><input type="checkbox"/> Other Vision concerns _____</td> </tr> <tr> <td><input type="checkbox"/> Hearing Aids</td> </tr> <tr> <td><input type="checkbox"/> Other Hearing concerns _____</td> </tr> <tr> <td><input type="checkbox"/> Counseling</td> </tr> <tr> <td><input type="checkbox"/> Prosthesis or Physical Aids (List)</td> </tr> <tr> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td>_____</td> </tr> </table>	<input type="checkbox"/> Glasses or Contacts	<input type="checkbox"/> Other Vision concerns _____	<input type="checkbox"/> Hearing Aids	<input type="checkbox"/> Other Hearing concerns _____	<input type="checkbox"/> Counseling	<input type="checkbox"/> Prosthesis or Physical Aids (List)	_____	<input type="checkbox"/> Other _____	_____
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<input type="checkbox"/> Other _____																								

MEDICATION INFORMATION

Is your child taking any medications regularly? Yes No If yes, please list: _____
 How often is it taken? _____ At Home: Yes No At School: Yes No

Student Medication Request Agreements are available at the school office. This form must be completed for any medication a student will need to take during school hours. Refer to Student Policy Handbook

In order for your child to attend school, immunization documentation needs to be submitted to the school office by the first day of attendance. If immunization record is not complete, the student MUST see the school nurse or designee before enrollment can be completed.

INSURANCE INFORMATION

Medicaid/Waiver/Insurance Company _____ Group# _____ Policy# _____

Is the child covered under Medicaid? Yes No MEDICAID # _____

Belle Creek Charter School encourages you to evaluate your own health and disability insurance to determine if you have adequate coverage for any injuries your child might sustain while at school or participating in school activities. PLEASE BE ADVISED THAT BELLE CREEK CHARTER SCHOOL DOES NOT CARRY INSURANCE FOR YOUR CHILD ON YOUR BEHALF. The school may have no liability or only limited liability for injuries that occur at school or during school activities, pursuant the Colorado Governmental Immunity Act.

Signature _____
 Parent/Guardian Signature

Date _____
 (month/day/year)



INTERNET USE AGREEMENT FORM

We are pleased to offer students of Belle Creek Charter School access to the Belle Creek C.S. network for Internet access.

Access to the Internet enables students to explore thousands of libraries, databases, and bulletin boards throughout the world. Families should be warned that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate or potentially offensive to some people. While our intent is to make Internet access available to further educational goals, students may find ways to access other materials as well. We believe that the benefits to students from access to the Internet, in the form of information resources and opportunities for collaboration, exceed any disadvantages. But ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using the information sources. To that end, Belle Creek Charter School supports and respects each family's right to decide whether or not to apply for access.

Students are responsible for good behavior on school computer networks just as they are in a classroom or a school hallway. Network access is given to students who agree to act in a responsible manner. **Parent permission is required, and parents must agree to a waiver of claims and indemnification/hold harmless provision, which is set forth in bold type on the permission form below.** Access is a privilege -- not a right. Access entails responsibility.

Belle Creek Charter School intends to provide a tool for education activities. Students using the network are not permitted to do the following:

- Access offensive messages or pictures
- Use obscene or defamatory language
- Harass, insult, defame or attack others
- Damage computers, alter computer systems or networks.
- Violate copyright laws
- Use another's password
- Give out his/her name, address or phone number, username or password
- Trespass in another's folders, work or files
- Intentionally waste limited resources
- Employ the network for commercial purposes

Violations may result in loss of access as well as other disciplinary or legal action.

As a user of the Belle Creek Charter School Network, I hereby acknowledge and represent that I have read the attached Policy and Procedures or have had them read to me, and I hereby agree to comply with the policy and procedures. I further understand should I commit any violation, my access privileges may be revoked, school disciplinary action and/or appropriate legal action may be taken.

Student _____ Date _____

As the parent or legal guardian of the student signing above, I hereby acknowledge and represent that I have read the attached Policy and Procedures, and that after having done so I grant permission for my son or daughter to access network computer services through the Brighton Network, including the Internet. **I hereby waive any claims against Belle Creek Charter School and/or its employees and directors arising out of or related to my student's use of the Internet or the Belle Creek C.S. Network. In addition, I agree to indemnify and hold harmless Belle Creek Charter School and/or its employees and directors for any claims made against them which arise out of my student's use of the Internet or the Belle Creek C.S. Network in violation of the Policy and Procedures.** I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet uses -- setting and conveying standards for my daughter or son to follow when selecting, sharing or exploring information. This Internet Use Agreement Form is not a request for electronic mail.

Name of Student _____ Birth Date _____

School _____ Grade _____

Parent/Guardian Signature _____ Date _____



HOME LANGUAGE SURVEY

The purpose of this checklist is to determine the principle or native language of the student, or the language spoken in the home. In grades K-8, this checklist must be fill out by the parent or guardian. In grades 9-12, the student may fill out this checklist.

El propósito de este cuestionario es para determinar el idioma principio o nativo de su estudiante, o el lenguaje que se habla en la hogar. En los grados de k- 8, este cuestionario deberá de ser completado por el padre o guardián. Para los grados del 9 al 12, el estudiante puede llenar este cuestionario.

Student's Name _____

Nombre del Estudiante _____

Grade _____ Birth date _____

Grado _____ Fecha de Nacimiento _____

School _____

Escuela _____

Parent or Guardian's Name _____

Nombre del Padre o Guardián _____

Address _____

Domicilio _____

1. Student's First Spoken Language

1. Idioma primario del estudiante (que habló primero)

2. If your child currently speaks or understands a language other than English, what is the language?

2. Si su hijo actualmente habla o entiende otro idioma que no es el inglés ¿Cuál es el idioma?

3. Please describe the language spoken by your child. (Check only one):

3. Por favor describa el idioma que su hijo/a habla (marque solo uno)

- a. Speaks only the other language and no English.
- b. Speaks mostly the other language and some English.
- c. Speaks the other language and English equally.
- d. Speaks mostly English and some of the other language.
- e. Speaks only English.

- a. Solamente habla otro idioma y no el inglés.
- b. La mayor parte del tiempo habla otro idioma y un poco de inglés.
- c. Habla otro idioma e inglés igualmente.
- d. La mayor parte del tiempo habla inglés y un poco del otro idioma.
- e. Solamente entiende inglés.

4. Please describe the language understood by your child. (Check only one):

4. Por favor describa el idioma que su hijo/a entiende. (marque solo uno)

- a. Understands only the other language and no English.
- b. Understands mostly the other language and some English.
- c. Understands the other language and English equally.
- d. Understands mostly English and some of the other language.
- e. Understands only English.

- a. Solamente entiende otro idioma y no el inglés.
- b. La mayor parte del tiempo entiende otro idioma y un poco de inglés.
- c. Entiende otro idioma y el inglés igualmente.
- d. La mayor parte del tiempo entiende inglés y un poco del otro idioma.
- e. Solamente entiende inglés.

5. How often is a language other than English used in your home? (Check only one):

5. ¿Qué frecuentemente se habla en su hogar el idioma que no es inglés? (marque uno)

- a. Only the other language and no English.
- b. Other language more often than English.
- c. Other language and English equally.
- d. English more often than the other language.
- e. Only English.

- a. Otro idioma solamente y no el inglés.
- b. Otro idioma más frecuente que el inglés.
- c. El otro idioma y el ingles igualmente.
- d. Solamente inglés.

